

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 12/14/04

LSUPP

1041451

1. NAME MYERS Richard R.
Last First MI2. BUSINESS PHONE 337-462-16013. BUSINESS ADDRESS 4200 Hwy 190 West DeRidder LA 70634
Street and No. City State ZipMAILING ADDRESS PO Box 1060 DeRidder LA 70634
Street and No. City State Zip4. EMPLOYER Boise Cascade LLC5. EMPLOYER'S ADDRESS 4200 Hwy 190 West DeRidder LA 70634
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No ✓

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Boise Cascade, LLCAddress P.O. Box 1060 DeRidder, LA 70634Business or purpose Wood Products Manufacturing☒ New RepresentationDoes this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____
 2004 DEC 15 PM 1:43
 ETHICS ADMINISTRATION
 CAMPAIGN FINANCE
 RECEIVED

SUPPLEMENTAL REGISTRATION FORM



2. Name Boise Cascade Corporation
Address P.O. Box 1060, DeRidder, LA 70634
Business or purpose Forest Products
☐ New Representation
Does this person pay you? _____
If No, who pays you? Boise Cascade, LLC
☒ Terminated Representation as of Dec. 15, 2004

3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Richard R. Ingram
Signature of Lobbyist